



Commercial Mechanical/Fuel Gas Permit Application

City of Maple Grove
Fax 763-494-6417 Phone 763-494-6062 12800
Arbor Lakes Pkwy, P.O. Box 1180
Maple Grove, MN 55311

For Office Use Only

Permit # _____

Permit Cost _____

Date Received _____

2015 Mech & Fuel Gas
Code

Job Site Address: _____ Suite/Unit #: _____

Tenant: _____

Property Owner/General Contractor

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Contractor

Company Name: _____ Mechanical Bond #: _____

Contact Person: _____ Email Address: _____

Address: _____ Contact Phone #: _____

City: _____ State: _____ Zip: _____ Office Phone #: _____

Work Type

<input type="checkbox"/> New	<input type="checkbox"/> Interior Finish	<input type="checkbox"/> Remodel	<input type="checkbox"/> Repair
<input type="checkbox"/> Heating	<input type="checkbox"/> Ventilation	<input type="checkbox"/> Gas Piping	<input type="checkbox"/> Refrigeration
<input type="checkbox"/> Hydronic Piping	<input type="checkbox"/> Medical Gas	<input type="checkbox"/> Other (please explain in description of work)	

Description of Work:

Estimated Value of Work Performed \$ _____

I hereby apply for a mechanical permit and acknowledge that the information above is complete and accurate. I understand that this is not a permit and work is not to start without a permit. I understand that the permit will expire and become null and void if the work does not begin within 180 days or is suspended at any time for 180 days. I acknowledge that I am responsible to call for all required inspections and insuring that all work will be done in compliance with the ordinances of the City of Maple Grove and the laws of the State of Minnesota.

Signature of Applicant/Date Submitted

Submittal Checklist:

___ 2 Copies of the plans are required. Plans must be signed by a State of MN Registered professional. ** Plan review process is 3-5 days**

Permit Ready for Pick-Up/Mail:

___ Please ___call ___email me to pick up the plans and permit

___ Payment submitted; please mail permit and plans.

Payment Submitted:

___ Check ___ Credit Card ___ Discover ___ Mastercard ___ Visa ___ AMEX

**Please Note: Permit fee of \$1,000 or more must be paid by check.

Contract Amount	Formula	Fee
Job value of \$2500 or less	\$75	\$75
Job value over \$2501 to \$10,000 _____ - \$2,500 = _____ x 2% + -----→ (Total Job Value)	\$75 plus 2% of value over \$2500	
Job value greater than \$10,000 _____ - \$10,000 = _____ x 1.5% + ---→ (Total Job Value)	\$225 plus 1.5% of job value over \$10,000	
State Surcharge – to be included in each permit	.0005 x job value	
Total Permit Cost		